

Homeschool Day Enrollment Request Form

A separate form must be used for each participant. All participants must be pre-enrolled.
Confirmation letters will be e-mailed and mailed within 5-7 business days after enrollment is processed.

Participant First Name	Last Name	Birth Date (MM/DD/YY)	Age at the time of program	<input type="checkbox"/> M <input type="checkbox"/> F
Parent/Legal Guardian First Name	Last Name			
Address	City	State	Zip Code	
Home Phone	Cell Phone	E-mail		
Emergency Contact (do not list yourself)	Phone	Relationship to Student		

Course Selection: Please indicate the date, time and age level of class.

Select only one date and time per topic.				
Incredible Chemicals	<input type="checkbox"/> Sept. 21, 2015	<input type="checkbox"/> Sept. 22, 2015	Age Group:	Fee \$ _____
	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	\$25/member
	<input type="checkbox"/> 1:00pm-3:30pm	<input type="checkbox"/> 1:00pm-3:30pm	<input type="checkbox"/> 11-12 <input type="checkbox"/> 13-16 -- (Mon. Only)	\$30/non-member
Get Galactic	<input type="checkbox"/> Oct. 19, 2015	<input type="checkbox"/> Oct. 20, 2015	Age Group:	Fee \$ _____
	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	\$25/member
	<input type="checkbox"/> 1:00pm-3:30pm	<input type="checkbox"/> 1:00pm-3:30pm	<input type="checkbox"/> 11-12 <input type="checkbox"/> 13-16 -- (Mon. Only)	\$30/non-member
Human Body: Insides Out	<input type="checkbox"/> Nov. 16, 2015	<input type="checkbox"/> Nov. 17, 2015	Age Group:	Fee \$ _____
	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	\$25/member
	<input type="checkbox"/> 1:00pm-3:30pm	<input type="checkbox"/> 1:00pm-3:30pm	<input type="checkbox"/> 11-12 <input type="checkbox"/> 13-16 -- (Mon. Only)	\$30/non-member

Optional: For discounted enrollment, become a Member (\$65 Explorer; \$150 Discoverer; \$350 Adventurer; \$550 Pioneer)
If purchasing or renewing a membership, please attach a separate check for membership payment.
(Current or Renewing Members: Please indicate your Member ID: _____ and Exp. Date _____) Fee \$ _____
New members do not need to provide this information

(Payment must accompany form) TOTAL FEE \$ _____

Health History

Please list health/medical conditions _____
Please list all allergies (including food) _____
Please list all medications the child is taking _____
The child is under a physician's care for the following condition _____

Payment Information

Payments by credit card must be attached with payment authorization form

- ☐ I have enclosed a check(s) payable to the California Science Center Foundation
☐ I have enclosed a Purchase Order. School Name: _____
*Enrollment will not be processed until payment or purchase order is received
**Please ensure that purchase order, check, or credit card authorization form is included

INTERNAL USE ONLY.

RES. #: _____

LAST 4: _____

CK #: _____

Participant Authorization

Cancellation/Change Policy: Program cancellations, refunds and changes are permitted up to 30 days prior to program date. All refunds and changes will be charged a \$5 processing fee per program. There are no refunds, credits, cancellations, or changes within 30 days prior to program date.

I have read and understand the cancellation and enrollment policies as stated. I hereby waive all claims against the California Science Center Foundation and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in the Home School Day Program. The California Science Center Foundation may photograph my child during programs and I hereby consent to use of these photographs in Science Center promotional material. In case of an emergency, I authorize any licensed physician nurse or hospital to render such medical aid as may be deemed necessary and or desirable.

Parent/Guardian Signature _____ Date _____
Enrollment will not be processed without signature



Fax form to: 213-744-2052 or
Mail form to: California Science Center Foundation, EDUCATION PROGRAMS
700 Exposition Park Drive, Los Angeles, CA 90037
Business Hours: Monday- Friday 9am-5pm Closed on Weekends

Class sizes are limited. Enroll early to guarantee your space!

Credit Card Payment Authorization Form

Instructions:

1. Form must be faxed along with program registration form when paying via credit card
2. Fax completed form to: (213) 744-2052

Please charge my (check one):

☐ Visa ☐ Master Card ☐ American Express ☐ Discover Total Amount: \$ _____

Name as it appears on card:

First: Last:

I authorize The California Science Center Foundation to charge my credit card (as provided below) for payment of their products and/or services. If The California Science Center Foundation is unable to process my payment I will be responsible for an alternate payment arrangement and my registration will not be processed until a new payment authorization is received.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date: ____ - ____ - ____

***All credit card information is kept secure and confidential. Once credit cards are processed credit card numbers are destroyed.

Credit Card #: Exp. Date (mm/yr):